



ICJIA



ILLINOIS STATE
UNIVERSITY



The IVAA is a week-long intensive course of study for crime victim service providers designed to improve the quality and consistency of victim services in Illinois. Through education, the IVAA builds the capacity of providers to serve those victimized by crime, encourages cutting-edge thinking about the ways we can help victims regain control of their lives, and enhances the multi-disciplinary training currently provided.

The IVAA will select 50 candidates to attend the Academy at Illinois State University (ISU), in Normal, Illinois, from June 4 to June 9, 2006. These participants will experience a comprehensive curriculum created specifically for Illinois by a multidisciplinary committee assembled by Attorney General Lisa Madigan. All students who are accepted and successfully complete the 40-hour IVAA will receive a certificate of completion. Academic credit and CEUs will be available for an additional fee.

Student Selection Criteria:

The IVAA is looking for dedicated victim service providers, law enforcement professionals, and social service providers working with crime victims in any capacity who:

1. Serve in a paid or volunteer position having direct contact with Illinois crime victims.
2. Demonstrate between 2-5 years of experience working with victims. If the applicant has less than 2 years or more than 5 years of experience, a written justification as to why you should be considered is required.
3. Agree to be in-residence for the entire 40-hour training.

How to Apply:

Please complete the attached application form in its entirety. Please attach a current resume. Application forms are also available at www.illinoisattorneygeneral.gov. No alternative forms will be accepted. Applications and all required documents must be received by February 28, 2006. Late or incomplete applications will not be considered. Applications are to be mailed to:

Office of the Illinois Attorney General
Crime Victim Services Division
IVAA
100 West Randolph, 13th floor
Chicago, Illinois 60601

Acceptance or non-acceptance letters will be sent by April 1, 2006.

ILLINOIS VICTIM ASSISTANCE ACADEMY

Student Application Form

Applicant Name: _____

Organization: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Current Position: _____

County or Counties Served: _____

Number of Years in Direct Victim Services: _____ Paid _____ Volunteer _____

Education:

GED/HS Diploma/AA/Bachelors/Advanced Degree(s):

_____ Year _____ Major _____ University _____

_____ Year _____ Major _____ University _____

Please list any 40-hour or other training certificates:

If accepted, I am interested in receiving information on obtaining academic or professional credit (please indicate):

_____ College credit hours from Illinois State University

_____ CEU professional credit hours – please indicate area of study:

Medical _____ Social Work _____ Nursing _____ Law _____ Other _____

NOTE: Participants seeking academic or professional credits are responsible for paying the course cost in addition to the general \$200 registration fee.

1. Select the jurisdiction that **best** describes the type of organization you represent:

() Federal () State () City () County () Private/Nonprofit () Other

2. Your agency primarily serves clients in which type of community:

() Urban () Suburban () Rural

3. Select one category that **best** describes the organization or agency at which you work or volunteer:

Criminal Justice-Based

- ☐ Police/Sheriff
- ☐ Prosecution
- ☐ Courts
- ☐ Probation
- ☐ Corrections
- ☐ Parole
- ☐ Juvenile
- ☐ Other _____

Community/Nonprofit-Based

- ☐ All Victims
- ☐ Sexual Assault
- ☐ Domestic Violence
- ☐ Child Abuse/Sexual Assault
- ☐ Homeless Shelter
- ☐ Drunk Driving
- ☐ Homicide Support
- ☐ Missing/Exploited Children
- ☐ Elderly Victims
- ☐ Other _____

Additional Agencies

- ☐ Youth Services
- ☐ Legal Services
- ☐ Hospital/Medical
- ☐ State Victim Services Staff
- ☐ Religious _____
- ☐ Mental Health Services
- ☐ Substance Abuse Services
- ☐ Other _____

4. Indicate the types of crime victims that you **primarily** serve. (Check no more than three.)

- | | |
|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Assault |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Elderly Victims |
| <input type="checkbox"/> Child Abuse/Sexual Abuse | <input type="checkbox"/> Missing/Exploited Children |
| <input type="checkbox"/> Survivors of Homicide Victims | <input type="checkbox"/> Computer Crimes |
| <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Victims with Disabilities |
| <input type="checkbox"/> All Crimes Against Persons | <input type="checkbox"/> Robbery/Theft |
| <input type="checkbox"/> All Crimes Against Property | <input type="checkbox"/> Bias Violence/Hate Crimes |
| <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Gang Violence |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

5. Indicate the types of services that you **primarily** provide for victims of crime in your current position. (Check no more than five.)

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Restitution Assistance |
| <input type="checkbox"/> 24-Hour Hotline | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Medical Advocacy | <input type="checkbox"/> Victim Impact Statement Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Crime Victim Compensation Assistance |
| <input type="checkbox"/> Therapy/Psychological Counseling | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> Systems/Institutional Advocacy | <input type="checkbox"/> Information Referral |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Community Education |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Assistance with Orders of Protection | <input type="checkbox"/> Social Service Advocacy |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Training and Technical Assistance |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Multidisciplinary Teams |
| <input type="checkbox"/> Issue Counseling _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Court Advocacy | |

6. Please list affiliations with professional organizations or groups related to victim services.

7. Briefly summarize your current and previous relevant experience assisting crime victims and other related employment in the last five years and attach current resume.

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

8. Please briefly state why you want to attend the Illinois Victim Assistance Academy and how your participation will benefit you professionally and personally. Include any additional information you believe important for the application selection committee to consider. **Please limit this response to one typed, double spaced page.**

9. Two letters of recommendation are required for selection to the Illinois Victim Assistance Academy. The first letter must be from the attendee's immediate supervisor or agency director authorizing your attendance and detailing the benefits of having the attendee complete the 40 hours of training. The second letter needs to be from a professional associate, in an agency or office other than your own, demonstrating the attendee's commitment to victim issues and willingness to network within their community. These letters must be submitted with the application.

10. Please signify your commitment to attend the full 40-hour course and make all transportation arrangements accordingly by signing below:

Applicant signature and date: _____

FEES:

A grant from the Office for Victims of Crime and our partnership with Illinois State University allow us to offer this unique educational opportunity to 50 students for \$200.00 each. This fee includes tuition, course materials, and room and board. Academic credit and CEUs will be available for an additional fee. Transportation costs are the responsibility of each student. Tuition is due upon notification of acceptance. A \$15.00 processing fee will be charged for registrations cancelled prior to April 29, 2006. Refunds will not be issued after April 29, 2006.

QUESTIONS:

If you have any questions or need additional information, please call:

Office of the Illinois Attorney General

Crime Victim Services Division

800-228-3368

Or E-mail: ivaa@atg.state.il.us

APPLICATIONS MUST BE RETURNED TO:

Office of the Illinois Attorney General

Crime Victim Services Division

IVAA

100 West Randolph, 13th Floor

Chicago, Illinois 60601

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